

DUCT/AREA DETECTOR TEST DATA

DATE: _____

CONTRACTOR NAME: _____

MECHANICAL PERMIT: _____

JOB NAME & ADDRESS: _____

TESTING EQUIPMENT TYPE: _____

Devices upon detection of smoke shall automatically shutoff air-moving equipment by interrupting the power source.

DUCT DETECTORS

AREA DETECTORS

(circle one)

NUMBER OF DEVICES AT THIS LOCATION: _____

MANUFACTURER'S NAME & MODEL NUMBER: _____

MANUFACTURER'S AIRFLOW REQUIREMENTS: (When duct detectors are used.)

(fpm min.) _____ (fmp max.) _____

ACTUAL AIRFLOW AS MEASURED AT DEVICE: _____

EQUIPMENT AIRFLOW OUTPUT: _____
(CFM or tonnage as shown on rating plate)

EQUIPMENT SHUT OFF ACCOMPLISHED WHEN DEVICE PUT INTO ALARM:

YES: _____ NO: _____

TIME REQUIRED FOR SHUTOFF ONCE DEVICE SET IN ALARM:

SECONDS: _____ (15 seconds max permitted time)

PERSON PERFORMING TEST: _____

TITLE & AFFILIATION: _____